				Cost/vial	
Agent	Dosing	Usual Dose	QTY Req	Cap/Tab	+
Example 1: IV (Intravenous) chemotherapy with equivalent Oral chemotherapy:					
Colon Cancer: 5FU 370mg/m^2 x days 1-5days with lecovorin 200mg/m^2 x days 1-5 Assume 2m^2	Assume BSA 2.0 m^2		_	\$3.00/Vial	-
5-FU (IV) 500mg/10ml vial	600 mg/m2 x 2 days every 2 wks for 12 cycles	56.70	4	\$3.00/Viai \$27.14/tab	¢ 15
Xeloda (oral 5-FU) 500mg	1250 mg/m2 twice daily x 2 week for 8 cycles	56-70 tabs	- 077	\$27.14/tab	3 15
Example 2: IV (Intravenous) chemotherapy with equivalent Oral chemotherapy:					
Tumors					
Glioblastoma Multiforme					
Oral or IV					
Initial Phase: 75 mg/m2 daily for 42 days (up to 49 days) concomitantly with focal radiotherapy (60 Gy administered in 30 fractions).1 Monitor CBC weekly;					
interrupt or discontinue temozolomide if severe hematologic or nonhematologic toxicities occur.1 (See Table 1)					
Four weeks after completing initial phase (temozolomide and radiation therapy), initiate maintenance therapy (six 28-day cycles of temozolomide).18			3		
					1
Maintenance Phase: 150 mg/m2 once daily for 5 consecutive days followed by a 23-day rest period for a 28-day cycle (six cycles).1 Periodically monitor CBC;					1
do not resume dosing until criteria for continuance of therapy are met.1 (See Table 2.) For cycle 2, may increase dosage to 200 mg/m2 once daily for 5 days				1	
only if nonhematologic toxicity (excluding alopecia, nausea, and vomiting) from cycle 1 is ≤ grade 2, ANC ≥1500/mm3, and platelet count ≥100,000/mm3.1					
For cycles 3–6, continue dosage of 200 mg/m2 once daily for 5 consecutive days of each 28-day cycle, unless toxicity occurs:1 lf dosage was not increased					
for cycle 2, do not increase dosage for subsequent cycles.1					
			1		
				\$471.62/	
Townsolvedde IV				100MG VIAL	
Temazolomide IV Initial Phase	75 mg/m2 for 45 days	150mg (2vials) per day x 45days	90 viais	\$471.62	\$42
Maintenance Phase	150 mg/m2 x 5 days for 6 cycles	300mg (3vials) x 5 days	15 VIAL	\$471.62	\$70
Maintenance Prase					
Example 1: Biologic Oral chemotherapy with NO equivalent IV:					
Gleevec for Leukemia (CML)		<u> </u>			
Gleevec (400mg tablets)	400mg-800mg/day everyday for lifetime	400 mg/day	30 tabs	\$193.97/tab	\$58
Great (Harring tables)					
Example 2: Biologic Oral chemotherapy with NO equivalent IV:			ļ		
Iressa for Non-Small Cell Lung Cancer (NSCLC)			ļ		
Iressa (250mg tablets)	250 to 500 mg/day everyday for lifetime	250 mg/day	30 tabs	\$68 / tab	\$20
The state of the s			ļ		_
Example 3: Biologic Oral chemotherapy with NO equivalent IV:					
Nexavar for Advanced Renal Cell Carcinoma				4-1	4.0
Nexavar (200mg tablets)	400mg two times a day, everyday for lifetim	400 mg/day twice daily	120 tabs	\$71.21/ tab	\$ 8!
			<u> </u>		-
Example 4: Biologic Oral chemotherapy with NO equivalent IV:					
Tarceva for Non-Small Cell Lung Cancer (NSCLC)			ļ	4.55 554. 1	455
Tarceva (150mg tablets)	150mg/day everyday for lifetime	150mg/day	30 tabs	\$167.48/ tab	550
					+
Possible Therapy 2 ( Oral Agents)	Assume BSA 2.0 m^2	Malignant Melanoma:		1	
Temodar (Temazolomide)	requires 400mg x 5 days	200mg/m^2/day x 5 days	<u> </u>	† <u>-</u>	Cos
Capsules	reden es moning no eays	Combination of Strengths based	5	\$ 9.89	\$
Temodar 5mg	<del>                                     </del>	om m^2 for 5 days	5	\$ 36.30	
Temodar 20mg		in this case will use 4x100mg x5days	5	\$ 196.7	
Temodar 100mg			5	\$ 275.4	5 \$
Temodar 140mg			5	\$ 354.1	5 \$
Temodar 180mg				\$ 466.9	5 5
Temodar 250mg					
				Tota	1 20
			20.00		